

EPA General Permit WAG130000 - Annual Report



**Annual Report of Operations**  
**for Year** 2017

**To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington**

**NPDES # for your Facility:**

WAG130000

**Facility & Owner Information**

Facility Name:

Spokane Tribal Fish Hatchery

Operator Name (Permittee):

Spokane Tribe of Indians

Address:

POB 100

Wellpinit, WA. 99040

Email:

timpeone@spokanetribe.com

Phone:

(509) 258-7297

Owner Name (if different from operator):

Same as Operator

Email:

Phone:

**Best Management Practices (BMP) Plan**

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

No changes made.

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## EPA General Permit WAG130000 - Annual Report

### Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **18,533 LBS**  
 Pounds of food fed to fish during the maximum month:  
**12,720 lbs**

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
Rainbow Trout	2,922 lbs	Spokane Indian Reservation Lakes	May
Kokanee Salmon	15,611 lbs	Lake Roosevelt	June - August

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	6,880	3,870	July	14,717	8,490
February	8,452	4,860	August	9,899	6,870
March	12,030	7,020	September	16,929	12,720
April	12,778	7,620	October	5,500	4,230
May	13,703	7,830	November	6,953	4,500
June	18,508	11,070	December	10,326	6,210

Additional Comments:



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### Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Hatchery Garbage	Weekly	Reservation Landfill
Fish Mortalities	Montly	Reservation Landfill
Additional Comments:		

### Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
None			
Additional Comments:			

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### Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

None

### Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
Weekly	No Repairs Needed	Off Line Settling Basin
Weekly	No Repairs Needed	Wells, Surface Water Pump Station, Self Cleaning Horizontal Rotating Screen



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### Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.  
Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Florfenicol (Aquaflor)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

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**Aquaculture Drugs and Chemicals (cont'd)**

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Aquaflor</b>		Generic Name: <b>Florfenicol</b>	
Reason for use: <b>Control of Bacterial Coldwater infection</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>2% Biomass</b>	Total quantity of formulated product used in past year (specify units): <b>1,760 lbs</b> <span style="float: right;">+</span>	
Date(s) of treatment: <b>August 4-25, 2017</b>			Total number of treatments in past year: <b>1</b>
Maximum daily volume of treated water: <b>45,481 gallons</b>	Treatment concentration (specify units): <b>15 mg/kg</b>	Duration and frequency of treatment(s): <b>Daily for 10 days</b>	
Method of application:	<input type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input checked="" type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

Brand Name: <b>Ovidine</b>		Generic Name: <b>PVP Iodine</b>	
Reason for use: <b>Egg Disinfection</b>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <b>250 milliliters</b>	Total quantity of formulated product used in past year (specify units): <b>11 gallon</b>	
Date(s) of treatment: <b>December, January</b>			Total number of treatments in past year: <b>2</b>
Maximum daily volume of treated water: <b>25 gallons</b>	Treatment concentration (specify units): <b>100 mg/Lr</b>	Duration and frequency of treatment(s): <b>15 minutes</b>	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input checked="" type="checkbox"/> Other (describe): <b>Egg Disinfection Totes</b>
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			



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### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

<b>Flow-Through Treatments</b>	
Tank Volume	Liters
Calculated Flow Rate	Liters/Minute
Duration of Treatment	Minutes
Desired Flow-Through Treatment Concentration of Product	µg/L
Amount of Product to Add Initially	Liters Product
Amount of Product to Add During Treatment	mL/Minute
Total Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

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### Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

Hatchery roof extended to cover fish rearing units, fencing around all fish rearing units added. Construction began on a water reuse module planned for commissioning in 2018.

### Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed name of person signing	Title
Tim Peone	Hatchery Manager
Applicant Signature <i>Tim Peone</i>	Date Signed January 17, 2018

### Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191  
Washington Hatchery Annual Report  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101-3140



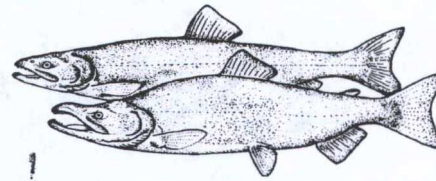


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Spokane Tribal Hatchery

5629 Hatchery Rd.

POB 100 • Wellpinit, WA. 99040

Phone (509) 258-7297 • Fax (509) 258-7497 • [timpeone@spokanetribe.com](mailto:timpeone@spokanetribe.com)



October 20, 2017

U.S. EPA  
Region 10  
1200 Sixth Avenue, Suite 900  
Seattle, WA. 98101  
Attention: OCE-133

Dear EPA/OCE-133:

Subject: WAG 130019 NPDES Permit Reporting.

Pursuant to reporting requirements of WAG 130019 United States Environmental Protection Agency National Pollution Discharge Elimination System Permit for the Spokane Tribal Hatchery, enclosed is the July – September Quarterly Surface Monitoring Report.

Tim Peone, Manager  
Spokane Tribal Hatchery  
POB 100  
Wellpinit, WA. 99040  
(509) 258-7297  
(509)228-7497 fax  
[timpeone@spokanetribe.com](mailto:timpeone@spokanetribe.com)

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Spokane Tribal Hatchery  
Surface Water Monitoring  
July – September, 2017 Quarterly Report

Date Reported: July 11, 2014

Surface Water Monitoring Results		
Parameter	Units	Result
Ammonia	mg/l	0.013
Temperature	°C	10.5
pH	Standard Units	7.8



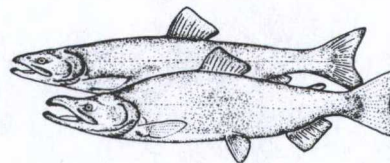


WAG-130019

# Spokane Tribal Hatchery

POB 100 • Wellpinit, WA. 99040

Phone (509) 258-7297 • Fax (509) 258-7497 • timpeone@spokanetribe.com



January 17, 2017

USEPA Region 10, OWW-191  
Washington Hatchery Annual Report  
1200 Sixth Avenue, Suite 900  
Seattle, WA. 98101-3140



Dear USEPA Region 10:

Subject: Spokane Tribal Hatchery 2016 Annual Report of Operations.

Pursuant to requirements of WAG-130000 United States Environmental Protection Agency National Pollution Discharge Elimination System Permit for the Spokane Tribal Hatchery, enclosed is the 2016 Annual Report of Operations (Appendix E format).

Sincerely,

Tim Peone, Manager  
Spokane Tribal Hatchery  
POB 100  
Wellpinit, WA. 99040  
(509) 258-7297  
(509) 228-7497 fax  
timpeone@spokanetribe.com

cc: Brian Crossley, STOI Water Resources Manager

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